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ABSTRACT

Difficult as it may be to accept, loss and grieving are natural components of living. Traditionally, the bereaved have relied upon the help of clergy, family, and the medical profession. The behavioral and social sciences virtually ignored loss, grief and bereavement as subjects until as recently as 15 or 20 years ago. However, counselors are increasingly called upon to meet the challenge of helping the bereaved to grow and ultimately readjust by offering encouragement, quality bereavement care, and readily available support services. Bereavement counseling requires specialized training and education designed to produce caring, informed counselors. This article reviews the phases of bereavement (numbing, urge to recover the lost object, disorganization and despair, reorganization) and specific interventions (professional individual intervention; professional group intervention; self-help intervention) based on published literature and personal observation. The experience of loss and bereavement in death creates a prototype for dealing with a variety of losses which can lead to increased awareness and personal growth. (JBJ)

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Bereavement: A Universal Process of Growth Through Readjustment

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Running head: BEREAVEMENT: A UNIVERSAL PROCESS

Bereavement: A Universal Process of Growth Through Readjustment

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Abstract

In today's society, counselors are increasingly called upon to meet the challenge of helping the bereaved to grow and ultimately readjust by offering encouragement, quality bereavement care, and readily available support services. This article reviews the phases of bereavement and specific interventions, based on published literature and personal observation. Conclusion is that the experience of loss and bereavement in death creates a prototype for dealing with a variety of losses which can lead to increased awareness and personal growth.

Bereavement: A Universal Process of Growth Through Readjustment

The human experience affords one the unique capacity for learning and growing--developmentally and psychologically. From earliest cognitive awareness until death, individuals display an amazing resilience in their ability to adapt to an ever-changing, often turbulent environment. Human beings possess the profound ability to change and adjust as they learn from adversity and challenge, success and joy, failure and disappointment. Although no life is untouched by the heart-wrenching pain and sorrow of loss, the issues of death and grieving frequently remain uncomfortable or minimally addressed in families, schools, and the helping professions. While the physical body is capable of recovering from grave illness and injury, the human mind is capable of readjusting after an emotional crisis. The trauma of losing a loved one through death is a universal crisis with which each of us is inevitably faced. Consequently, there is a very real need for professional counselors to help survivors of loss negotiate their individual journeys through grief.

Difficult as it may be to accept, loss and grieving are natural components of living. Traditionally, the bereaved have relied upon the help of clergy, family, and the medical profession. The behavioral and social sciences virtually ignored loss, grief, and bereavement as subjects until as recently as 15 or 20 years ago. Perhaps this explains the present lack of trained professionals in this area. Bereavement counseling requires specialized training and education designed to produce caring, informed counselors and facilitators (Dershimer, 1990). Knowledge of the bereavement process has far-reaching implications for all counselors, since loss and grief are part of the human condition. Consequently, while the

primary focus of this paper is on loss related to death, the general principles can be extrapolated to include all types of profound loss such as loss of health, loss of body parts, loss of livelihood, loss of lifestyle, loss of child-bearing ability, loss of bodily functions, etc. The normal grief process is one which can be both restorative and psychologically adaptive. It is a process in which an individual must grow emotionally as he/she reorganizes the world, detaches from the lost person or attachment object, and reinvests in new people and interests. Such reorganization can only occur when the survivor accepts the reality of the loss.

Definition

The literature addressing the topic of bereavement is somewhat unclear or ambiguous for two main reasons. First, different authors offer conflicting definitions for terms such as loss, grief, mourning, and bereavement. Second, in some instances two terms are used interchangeably, as though they are synonyms for each other. Consequently, in order to examine the bereavement process, it is necessary to define specific terms for purposes of this paper.

Loss

The term loss will be defined by Weiss (1988, p. 38) as "...an event that produces persisting inaccessibility of an emotionally important figure". Events such as estrangement, geographical distancing, or death of the emotionally significant person may trigger the experience of loss. A feeling of distress is often associated with such instances and, in situations where the loss is interpreted as being permanent, disorientation and pain are frequently present (Weiss, 1988).

Grief

Grief, as defined by Dershimer (1990, p. 16) is "...the complex, intense internal responses to all perceived and felt losses". Grief is characterized by extreme pain, pining, and continued distress. Parkes (1972) maintains that the outstanding feature of grief is the presence of acute pangs (episodes of severe anxiety and psychological pain). Grief-like processes may be produced by numerous losses besides death such as unemployment, geographic relocation, marital separation, or changes that require the giving up of a familiar way of life. Grief may occur when an attachment to any person or thing in which we place great trust is broken (Bowlby, 1980). The degree of distress upon separation or loss is directly related to the degree of investment in the pre-existing relationship, symbol, organization, community, etc. Bowlby (1961, p. 331) also describes grief as being "...a peculiar amalgam of anxiety, anger, and despair following the experience of what is feared to be irretrievable loss. It differs from separation anxiety in that anxiety is experienced when the loss is believed to be retrievable and hope remains".

Mourning

Mourning is defined here as "...the whole complex sequence of psychological processes and their overt manifestation , beginning with craving, angry efforts at recovery, and appeals for help, proceeding through apathy and disorganization of behavior and ending when some form of more or less stable reorganization is beginning to develop"(Bowlby, 1961, p. 332). In healthy mourning, the individual learns to relate to and

find satisfaction in new objects, while in pathological mourning, this outcome does not occur.

Bereavement

Bereavement, like mourning, refers to the entire recovery process from the death of a person who was emotionally significant. Encompassing and yet going beyond the pain of grief, bereavement includes significant changes which occur in behavior and attitude, feeling and thought, as well as in religious and spiritual life of the surviving individual. Grief, in its relentlessness, forces people to make basic life changes. This process of change is termed bereavement (Dershimer, 1990, p. 17). For purposes of this paper, the terms mourning and bereavement will be used interchangeably.

Relationships of Attachment

Although there may be a sense of sadness following the loss of a friend, colleague, or adult relative, grief does not ordinarily follow. For example, the death of a child tends to be followed by long-term, intense parental grief while the death of a colleague may be followed by deep sadness, but not by profound grief. Weiss (1988) terms those relationships in which loss triggers grief as being relationships of attachment. Relationships of attachment are identical to the relationships that children experience in bonding with their parents because both: (a) foster security, (b) are strongly manifested under conditions of threat, (c) occur in order to gain closeness to or recognition from the attachment figure, (d) involve specific figures for whom substitution of all other figures will fail, (e) are unconscious and cannot be consciously set aside, (f) are persistent and do

not necessarily wane over time, (g) persist regardless of the quality of experience with the attachment figure, and (h) when inhibited, lead to separation distress, a syndrome characterized by compulsive searching for the lost figure, sleep disturbances, increased tension, and an inability to attend (Weiss, 1988).

When the attachment object appears to be secure, attachment feelings and behavior remain unobtrusive; however, attachment feelings and behavior are activated when threat to self, the attachment relationship, or to the attachment figure is perceived. The arousal of attachment feelings which cannot be fulfilled results in grief.

Phases of Bereavement

In humans and animals, loss of a loved object leads to a somewhat predictable sequence of behavior. In human beings, this behavioral sequence brings with it a series of subjective experiences. Although feelings and behavior during bereavement do not run a smooth, regimented course, there is a general progression from protest to despair to a newly created balance of feeling and behavior (Bowlby, 1961). The grieving process, however individualized and specific, can be seen as a common, if not universal, experience. Repeatedly in bereavement, there are behavioral patterns that appear which provide a standard that can be used to assess individual grief reactions. It is important to stress the fluid nature of the identified phases of movement through the mourning process.

While numerous helping professionals have explored the concept of bereavement, much of the early interest in the stages of bereavement was generated by Elizabeth Kubler-Ross, whose original work was primarily concerned with the process of dying. Kubler-Ross (1969) identified five

stages of bereavement: denial, anger, bargaining, depression, and acceptance. Within these stages, she described a sense of interruption in the normal flow of life, a sense of emotional pain and profound loss, as well as a state of seeking the lost figure. The Kubler-Ross model, worthy of mention because it was a pioneering effort in the field, suggests a rigid structure to the bereavement process and includes the stage of bargaining, which seems to be primarily useful as part of the actual dying process. While the concept of having predictable patterns to bereavement is useful, the word stage suggests a lack of fluidity (Dershimer, 1990). These patterns might best be viewed as phases which are ongoing and overlapping. For purposes of this paper, phases or tasks from which the bereaved move in and out repeatedly will be utilized (Bowlby, 1980).

Phase One: Numbing

This phase is also known as shock. Immediately following the news of the death of a loved one, the bereaved commonly feel stunned. Many experience a surrealistic quality to their lives -- as if they are walking around in a dream. Some experience panic attacks or bursts of anger. Frequently, the bereaved carry on with their lives as if they are on automatic pilot, all the while feeling underlying stress and tension. This phase generally is the shortest and is sometimes likened to post-traumatic stress syndrome (Bowlby, 1980). Lasting anywhere from one day to several weeks, shock is useful in that it serves to protect the bereaved from experiencing the magnitude of the loss either too quickly or too intensely.

Phase Two: Urge To Recover The Lost Object

Phase Two, also known as the stage of Protest, encompasses the time when the bereaved demonstrate the tendency to behave as though the lost partner is still present (Bowlby, 1961). In essence, they engage in the stages which Kubler-Ross (1969) refers to as denial and anger. During this phase, the bereaved attempt to recover the lost object, even though they are aware that the loss is permanent. The attempt to recover the lost object may take the form of hopes, fantasies, dreams, and/or actions. This phase is characterized by both weeping and anger. In weeping, the bereaved adult responds to loss in the same way as would a child who is separated from his or her mother. Such a response, when used by an infant, is usually responded to by mother's return. Thus, this instinctual response on the part of an adult represents the profound attempt to recover the lost loved one.

When a child is reunited with his/her mother after separation, the child frequently harbors or actively expresses anger toward the mother. Likewise, the bereaved, feeling betrayed or abandoned by the deceased loved one, frequently harbor the secret hope that finding a villain will lead to recovery of the loss. The continued presence of blame toward self or others indicates the presence of the hope of undoing the loss. Anger is frequently directed toward a supporter who encourages acceptance of the loss, for at this time the mourner wants not to accept the loss, but rather to reunite with the lost individual (Bowlby, 1961).

Phase Three: Disorganization And Despair

Eventually, during healthy mourning, unrealistic hopes of reunion with the lost attachment object will become extinguished as the mourner experiences a series of painful disappointments. Behavior, no longer

focused on the lost object, becomes disorganized as despair intensifies. Termed depression by Kubler-Ross (1969), this disorganization is characterized by restless and aimless movement, inability to focus, and a lack of capacity to engage in and maintain organized behavior. Bowlby (1961) defines the depression which ensues in this stage as being the subjective aspect of a mourner's state of disorganization. When interchange between an individual and the external world eases, depression can occur and, until new patterns of interchange toward a new object or goal are established, restlessness and/or anxiety and depression may continue.

Phase Four: Reorganization

Various terms such as recovery, adjustment, completion, and acceptance (Kubler-Ross, 1969) have been used to describe the final stage of bereavement. In this phase, which correlates with the Kubler-Ross stage of acceptance, the bereaved begin to see the difference between behavioral patterns which are no longer appropriate and those patterns which are reasonable to retain. In other words, the bereaved erect a barrier between their instinctual response systems and the actual lost object, thus allowing themselves to re-engage in life. In this phase, the bereaved can choose to reinvest in new relationships and reconstruct religious or spiritual views. Many people, in reaching this phase, embrace the opportunity for a new start in life, equipped with new insights and movement toward self-actualization (Dershimer, 1990, pp. 24-25). Others seem unable to move forward in a positive direction.

Dysfunctional Grief

Dysfunctional grief, also referred to in the literature as pathological or complicated grief, is defined by Horwitz (1988) as grief which becomes intensified to the extent that an individual resorts to maladaptive behavior, feels overwhelmed, or is unable to progress toward resolution of the mourning process, thereby remaining in a state of grief for a prolonged period of time. Bowlby (1961) suggests that the underlying motivation in pathological mourning is the persistent seeking to be reunited with an object which has been permanently lost. This seeking or searching behavior appears in distorted or disguised forms. In dysfunctional grief, maladaptive coping interferes with the griever's ability to function in cognitive, behavioral, or developmental spheres. Movement toward adjustment to the loss is thwarted and results in the individual's movement toward social, emotional, and psychological dysfunction with the possibility of physical complications as well (Bateman, et al., 1992). Physiological manifestations may include changes in the endocrine, autonomic nervous, and cardiovascular systems, as well as heightened susceptibility to disease which may be related to changes in the immune system (Stroebe, et al., 1988). While such complications may be quite serious and counselors should become familiar with them, the subject of physiological involvement is too vast to cover in this article.

Worden (1982) identifies four possible complications in the bereavement process, listing them as chronic, delayed, exaggerated, and masked grief. Chronic grief is of an exceedingly long duration and does not come to a satisfactory resolution. Delayed grief is described as a muted emotional response when the loss occurs, followed by grieving of a subsequent loss of lesser magnitude. In other words, the grief expressed

in regard to the second loss is disproportionate to the significance of the loss. Exaggerated grief is characterized by the presence of anxiety attacks, phobias or unfounded despair. In masked grief, an individual displays symptoms and behaviors which he or she cannot identify as being related to grief. For example, the griever might develop physical symptoms previously experienced by the deceased person. According to Worden (1982), there are five predisposing factors to such pathological grieving: (a) an exceedingly dependent, ambivalent, or narcissistic relationship with the deceased; (b) sudden, uncertain, or over-complicated circumstances surrounding the loss; (c) history of either clinical depression or prior experience of dysfunctional grief; (d) difficulty in reconciling one's view of self as the strong one in the family with the new feelings of dependency/neediness which are associated with loss; and (e) a loss which is socially negated or is considered to be socially unspeakable.

Lazare (1989) identifies the following criteria which may be used to identify dysfunctional grief: (a) inability to talk about the lost attachment figure without intense and renewed grief; (b) intense grief reactions triggered by minor events; (c) strong theme of loss in the griever's spoken communication; (d) inability to dispose of the deceased's possessions; (e) physical symptoms previously experienced by the deceased are experienced by the griever; (f) avoidance of friends, family, or former activities / radical life changes; (g) prior history of depression associated with guilt or low self-esteem; (h) imitation of mannerisms or personality of the deceased; (i) self-destructive behaviors or thoughts; (j) unaccountable sadness occurring at particular times of the year; (k) phobias focusing on illness or death; (l) avoidance of rituals which are related to death; and (m) associations characterized by themes of loss.

The Concept of Readjustment

Regardless of how completely an individual emerges from grief, it would be naive to expect that person to be unchanged in both character and identity. Since it seems unreasonable to expect people who have incurred severe loss to return to their original identity and emotional organization as the much used term recovery would imply, perhaps a more accurate term would be that of readjustment. Readjustment is defined here as the process or act of modifying, settling, and resolving to grow. Readjustment is movement toward finding comfort, balance, purpose, and healing. Readjustment takes place when, in experiencing grief, the bereaved are required to re-think, re-evaluate, and reorganize nearly every aspect of life as they know it.

The bereaved are challenged to adapt to an environment which feels foreign and hollow. The journey through grief fills the void, as the bereaved begin the process of personal growth and healing. Tentatively taking one step forward at a time, the bereaved sometimes doubt having the strength to continue the journey. Fortunately, within each survivor lies the motivation to survive the loss and to learn, grow, and readjust.

The Support System

Central to effective functioning and maintaining movement toward readjustment is the support of family, friends, and professional counselors. The bereaved have been known to say that their primary asset, when faced with the loss of a loved one, was the support of someone who would take time to listen and to care. Of highest value is a friend who will be present and supportive throughout the painful journey. Support and comfort from family and friends is needed; however, families of the

bereaved are often unclear about how to act or what to say when interacting face to face with the bereaved. Perhaps due to anxiety, lack of experience, or fear of doing the wrong thing, supporters may feel so ill at ease that what might be their natural responses and expressions of concern are overshadowed by their attempts to minimize the anxiety they themselves are experiencing (Wortman & Lehman, 1985). Lehman et al's (1986) study suggests that the people closest to the bereaved may in fact be the least helpful, since the majority of the unhelpful responses in this study came from family and friends. These people feel most responsible for helping and generally have their lives most disrupted by the bereaved individual's continuing distress; however, the tension created by this lack of knowledge and certainty can leave the well-intending supporters feeling frustrated and the bereaved feeling increasingly anxious and misunderstood (Vachon and Stylianos, 1988).

The individual who is left to survive the loss of a loved one requires support that is non judgmental and accepting. Even nonverbal signals and facial expressions may be perceived as helpful or hindering, due to a sensitization of reactions by the bereaved. Support includes allowing every opportunity for the sharing of feelings, the ventilation of emotion, the expression of personal perceptions or anxieties, and the encouragement to explore self-awareness and identity. This work occurs best within the framework of a safe and comforting support system. The most effective support system affords the bereaved the time and assistance to work toward readjustment.

Interventions

Professional Individual Intervention

The counselor must have a sound knowledge of bereavement in order to be an effective helper to the bereaved. The need for the establishment of a trusting and open client-counselor relationship is primary to productive grief counseling. As in any other type of professional helping relationship, the helper must possess fundamental empathetic and active listening skills. The establishment of a helping relationship with the bereaved person will be positively or negatively influenced by such variables as the desire of the bereaved to talk, to share feelings, to learn and grow from this experience, or to be supported. The bereaved may have a desire to avoid facing the reality and the pain dredged up by discussion of the deceased. Therefore, of paramount importance is the helping professional's empathetic, caring attitude which is essential in assisting the bereaved to express feelings, give up or establish defenses, and deal with practical, everyday demands.

As in all counseling relationships, a therapeutic contract must be established to define general goals and purposes, expected duration, etc. The counselor must make an initial therapeutic assessment of the client and plan treatment strategies accordingly. According to Raphael and Nunn (1988), the following are primary issues in counseling the bereaved: (a) inquiry regarding the circumstances of the death, thus validating the importance of the client's fear, horror, and uncertainty surrounding the death; (b) exploration of the client's perception of the nature of the relationship that existed between themselves and the deceased in an attempt to normalize ambivalent and negative feelings for the bereaved; (c). inquiry about the client's perception of how others have acted toward them since the death, thus giving the counselor insight into what kind of support network (if any) the bereaved has; (d) inventory the client's past

grief experiences, thereby gaining valuable knowledge of previous responses to death/grief,coping mechanisms and degree of resolution for past deaths; and (e) procure a family history to gain perspective of the client's cultural and religious background, thus familiarizing the counselor with the framework of the client's belief system.

Grief counseling must allow time to deal with major issues and to help the bereaved along their journey to readjustment. It should be noted that the outcome of grief counseling is not that the loss is totally resolved, since it is generally known that memories of the deceased and some bonds with him or her continue over a long period of time. While such ties and memories are not predominant in bereaved individuals who have adapted to their loss, these ties and memories do not dissipate in pathological or dysfunctional grieving. Lindemann (1944) suggests that pathological grief reactions can be transformed into normal ones by the counselor working with the client to accept and express the pain, profound sadness, and enormous sense of loss which he/she has been attempting to avoid.

Clients who are bereaved due to homicide are particularly in need of empathy, consolation, and reassurance and present a special challenge, since this type of bereavement seems to be particularly prone to psychopathology. Frequently in such cases, the resultant rage and guilt interferes with the normal grieving process. Clients bereaved by murder or manslaughter should be encouraged to look closely at the events preceding and following the death, and to express related feelings such as anger, guilt, and lack of trust (Parkes, 1993). The importance of appropriate recognition of pathological grief should be stressed, since treatment frequently requires referral to professionals who have been specially trained in this area (Brown & Stoudemire, 1983).

Whether grief reactions are uncomplicated or dysfunctional, the termination phase is an opportunity for the counselor to help the client work through and grieve a new loss, thus encouraging the client to practice coping with loss. In brief therapy, the counselor may introduce the idea of an impending loss at a fairly early stage, in order to allow the client to utilize the therapeutic situation to mourn future loss (Olders, 1989). By teaching the client to experience and mourn a loss through termination, the client gains the tools to mourn future losses.

Professional Group Intervention

A bereavement group offers members an opportunity to assist each other in solving problems by sharing personal perceptions and experiences. Relationships of friendship and support, grounded in the shared grief experience, are developed. While the group facilitator educates and informs group members about grieving, group members encourage one another to grieve as they share pain, confusion, and sadness. Group members support each other, learn that they are not alone, and somehow manage to laugh and grow together through grief. Effective bereavement groups can be conducted in one to two and a half hour sessions, meeting for a six to ten week period. Topics for discussion may include: (a) the phases of grief and the grieving process, (b) coping, (c) children of grief, (d) loneliness, (e) practical concerns such as finances and home management, (f) self identity, (g) spirituality, and (h) readjustment. In clients bereaved by homicide, the counselor may choose to work with the family as a small group. In so doing, the family members can share their individual thoughts and feelings so that, through reassurance of worth and respect for the bereaved family, the counselor

can help restore the family's ability to function as a mutual support system to its members (Parkes, 1993).

Self-Help Intervention

Numerous self-help organizations for the bereaved have generally been developed, often by people who have experienced a loss and recognized deficiencies within available healthcare systems. Some of these groups are solely led by those experiencing bereavement, while others are connected with professionals or other community resources (Raphael, 1983). Widowed persons often initiate support groups in which the intervention is carried out by widowed persons themselves. These groups provide role models for the newly widowed as they experience their changing role from spouse and parent to single person again. Self-help groups have been quite effective in providing practical support in uncomplicated grief, as group members meet other people who have had to cope with similar losses and circumstances. Within self-help groups, the members often take turns facilitating the sessions. This is especially helpful in that participants are at various places along their journey through grief; therefore, each individual has something valid and constructive to offer from his/her own experience. Organizations have developed to provide support to parents who have suffered loss of a child through accident, stillbirth, sudden infant death, miscarriage, etc. In addition, self-help groups for widowed people and families of terminally ill patients can be found. Such groups are generally valued because they provide special empathy due to the common distress shared by all members. It is the responsibility of the counselor to stay abreast of the formation of self-help groups and to advise clients of their existence. It

should be noted, however, that self-help groups are not effective for everyone, particularly those with complicated grief due to alcoholism, suicidal tendencies, or chronic psychiatric problems (Vachon and Stylianos, 1988).

CONCLUSION

Loss is an inescapable part of life. From an early age, individuals learn to experience loss as a part of their existence. Inevitably, as we move through life, separations occur. As Olders (1989, p. 273) quotes Fleming & Altschul:

> Partial and temporary separations from libidinal objects are experiences which from birth possess significance as activators of the adaptive mechanisms of the ego. To a large extent these separation experiences influence the rate and direction of growth, and play a part in organizing the developing ego structure. Thus the process of growth and maturation can be compared to mourning work in that every step towards maturation involves some adaptation to separation, and therefore some mourning work.

The extreme loss one encounters through the death of a loved one creates a vulnerability to suffering and grief. Loss by death also creates a prototype for dealing with a variety of losses which can result in grief. Loss of a relationship can be caused by life events such as relocation, unemployment, marital separation, or loss of a developmental life stage. Loss of a symbol, an ideology, a place, an object, or an organization can trigger grief reactions. Changes which require the giving up of a particular lifestyle, even successes such as inheriting great wealth or making a

positive career change, can result in grief. In other words, the loss of any person or thing to which we have formed a strong attachment or in which we have placed great trust and confidence, can result in grief (Dershimer, 1990). Thus, loss and bereavement touch every person at numerous points in life.

Too often, however, individuals are confronted with the painful experience of loss without having the skills or tools to understand the process of bereavement. Teaching people how to be supportive of the bereaved, introducing grief as a natural process, and taking the initiative to talk about death and dying with young people are only a few steps that can be taken to help people as they experience loss. Communities must help bereaved individuals as they are thrown into the social, emotional, and personal crisis of grief. Helping agencies and schools need to address the concerns of clients and students and ultimately to help them journey through grief.

In order to meet the growing needs of a rapidly changing society which is increasingly reaching out for help, professional bereavement seminars need to be made readily available to the helping professions. To further advance toward this goal, it is imperative that specific bereavement information and training be included in college and university programs for counselor education. With effective support, the bereaved can be taught to tap into personal resources, as well as the resources available through the communities in which they live. Effective bereavement support begins with an attitude of caring and empathy. Counselors must learn about the phases of grief, the characteristics of individuals who are at high risk, and the process of grief and resultant readjustment. In addition, they must mobilize professional skills

to attend, listen, accept, wait, and share the experiences of the bereaved (Flatt, 1988).

The journey through grief is a long and painful one. The counseling profession is faced with the challenge of improving grief education and providing effective bereavement care services. Ultimately, much can be done to help the bereaved on their journey through grief to readjustment. The initial path is difficult, yet potentially rewarding. If traveled with support and understanding from professional counselors, this path can lead to enhanced self- awareness and personal growth as the individual learns to change in thoughts, attitudes, and behaviors.

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